

TOWN OF WESTON

BUILDING DEPARTMENT

Fax # (203) 222-2537

ELECTRICAL APPLICATION

I, the Undersigned, hereby make application for a permit to perform Electrical Work (in accordance with the Building Code) in a building as hereinafter described. I certify that I am familiar with the State of Connecticut Building Code as it applies to the work under my control and will give notice when work is ready for rough and final inspection.

Job Address_____

Building Permit No. (if applicable)_____

Name of Building Owner_____

Address of Owner (if different from job address)_____

CRS Number for service_____

Description of work_____

Company Name_____

Company Address_____

Your Name_____Telephone No._____

Type of License_____License No._____Expiration Date_____

WHEN FAXING AN APPLICATION INCLUDE A COPY OF YOUR LICENSE

Estimated Cost of Work \$_____Permit Fee \$_____

Signature_____Date_____

Building Official_____ **Date**_____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

OWNER NAME	Map	Block	Lot
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Owner Address (if different from above)_____